2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90038 047 ***150.00

DOCUMENT # P01000106906

1. Entity Name
TUCHAS, INC.

Principal Place of Business	Mailing Address
1815 E COMMERCIAL BLVD STE 106 FORT LAUDERDALE, FL 33308	1815 E COMMERCIAL BLVD STE 106 FORT LAUDERDALE, FL 33308

03062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1800 E Commercial Blvd	1800 E Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale	City & State: Ft Lauderdale
Zip: 33308 Country	Zip: 33308 Country

4. FEI Number: 65-1149905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, MURRAY
4523 N.W. 26TH PLACE
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ROSENBAUM, MURRAY	
STREET ADDRESS	4523 N.W. 26TH PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	☐ Delete
NAME	SEVERIN, ROBIN	
STREET ADDRESS	4523 N.W. 26TH PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-11-04 11-3-4 954-491-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #